

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) ROBERTS, RON Agency Name SAN DIEGO COUNTY BOARD OF SUPERVISORS Agency Street Address 1600 PACIFIC HIGHWAY, ROOM 335 Designated Contact Person (Name and title, if different) CHARISTA TOOMER - EXECUTIVE ASSISTANT Area Code/Phone Number E-mail (Optional) 619-531-5544		Date Stamp <input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: 06/30/11 (month, day, year)	California Form 803 For Official Use Only JUN 31 AM 10 40 COUNTY OF SAN DIEGO BOARD OF SUPERVISORS
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2. Payor Information (For additional payors, include an attachment with the names and addresses.)

HOMEAID SAN DIEGO			
Name			
12230 EL CAMINO REAL	SAN DIEGO	CA	92130-2090
Address	City	State	Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

SAN DIEGO CENTER FOR CHILDREN			
Name			
3002 ARMSTRONG STREET	SAN DIEGO	CA	92111
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 06/09/11 (month, day, year)
 Amount of Payment: (In-Kind FMV) \$ 24,000 (Round to whole dollars.)

Payment Type:
 ☐ Monetary Donation
 or
 ☒ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: DONATION OF THE PADRES PLAYHOUSE

Purpose: (Check one and provide description below.)
 ☐ Legislative
 ☐ Governmental
 ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event: THE PADRES PLAYHOUSE, ORIGINALLY CONSTRUCTED FOR HOMEAID SAN DIEGO, HAS BEEN DONATED TO THE CENTER FOR CHILDREN.

5. Amendment Description or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 1 July 2011 DATE
 By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER